



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

CANDIDATE COMMITTEE  
COVER PAGE

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

1. Committee I.D. Number <div style="font-size: 1.2em; font-family: monospace;">150642</div>		3. This Statement covers From: <u>8</u> <u>28</u> <u>12</u> to <u>10</u> <u>20</u> <u>12</u> <small>Mo Day Year Mo Day Year</small>	
2. Committee Name <div style="font-size: 1.2em; font-family: monospace;">Committee to elect Tom Herek</div>		4. Candidate Last Name <u>Herek</u> First Name <u>Thomas</u> M.I. <u>M</u> 4a. Office Sought Including District # or Community Served (If applicable) <div style="font-size: 1.2em; font-family: monospace;">5th District County Commissioner</div> 4b. County of Residence <u>Bay</u>	
5. Committee's Mailing Address <div style="font-size: 1.2em; font-family: monospace;">1606 30th Bay City, MI 48708</div> Area Code and Phone <u>989-892-6924</u> <small>If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.</small>		6. Treasurer's Name & Residential Address <div style="font-size: 1.2em; font-family: monospace;">Christine Herek</div> Area Code & Phone <u>(989) 892-6924</u>	
7. Treasurer's Business Address <div style="font-size: 1.2em; font-family: monospace;">1606 30th Bay City, MI 4808</div> Area Code and Phone <u>989 892-6924</u>		8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)  Area Code and Phone ( )	

**9. TYPE OF STATEMENT**

9a. ☐ Pre-Election      OR      9b. ☐ Post-Election

Pre-Election or Post-Election Statement relates to:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Convention	<input type="checkbox"/> School
<input type="checkbox"/> Special	<input type="checkbox"/> Caucus

Date of Election, Convention or Caucus  

11      6      2012

Month      Day      Year

9c. ☐ Annual Statement (      Coverage Year)

9d. ☒ Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)

9e. ☐ Dissolution of Candidate Committee

Effective Date of Dissolution

Month      Day      Year

By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or Designated Record keeper <u>Christine Herek</u> <small>Type or Print Name</small>	<u>Christine Herek</u> <small>Signature</small>	Date <u>10</u> <u>31</u> <u>12</u> <small>Mo Day Year</small>	
Candidate <u>Thomas Herek</u> <small>Type or Print Name</small>	<u>Thomas Herek</u> <small>Signature</small>	Date <u>10</u> <u>31</u> <u>12</u> <small>Mo Day Year</small>	



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1. Committee I.D. Number 150642

2. Committee Name Committee to elect Tom Heeek

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
<b>3. Contributions</b>			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>100<sup>00</sup></u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>100<sup>00</sup></u>	(18.) \$
<b>4. Other Receipts (Schedule 1A -1, Column 6)</b>	(4.) \$		(19.) \$
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3c + Line 4)	(5.) \$	<u>100<sup>00</sup></u>	(20.) \$
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>			
<b>6. In-Kind Contributions (Schedule 1-IK, Column 7)</b>	(6.) \$		(21.) \$
<b>7. In-Kind Expenditures (Schedule 1B-IK, Column 6)</b>	(7.) \$		(22.) \$
<b>EXPENDITURES</b>			
<b>8. Expenditures</b>			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>5353<sup>04</sup></u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$		
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$		
<b>9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)</b>	(9.) \$	<u>5353<sup>04</sup></u>	(23.) \$
<b>INCIDENTAL EXPENSE DISBURSEMENTS</b> (Officeholders Only)			
<b>10. Disbursements</b>			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$		
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$		
<b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b> (Add Line 10a + Line 10b)	(11.) \$		(24.) \$
<b>DEBTS AND OBLIGATIONS</b>			
<b>12. Debts and Obligations</b>			
a. Owed by the Committee (Schedule 1E)	(12a.) \$	<u>2000<sup>00</sup></u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$		
<b>BALANCE STATEMENT</b>			
<b>13. Ending Balance of last report filed</b> (Enter zero if no previous reports have been filed.)	(13.) \$	<u>9<sup>17</sup></u>	
<b>14. Amount received during reporting period</b> (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>5360<sup>00</sup></u>	
<b>15. SUBTOTAL Add lines 13 and 14</b>	(15.) = \$	<u>5462<sup>21</sup></u>	
<b>16. Amount expended during reporting period</b> (Add lines 9 and 11)	(16.) - \$	<u>5353<sup>04</sup></u>	
<b>17. ENDING BALANCE</b> (Subtract line 16 from line 15)	(17.) \$	<u>109<sup>17</sup></u>	

\*If your ending balance is negative, please recheck your math.



MICHIGAN DEPARTMENT OF STATE  
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ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number 150642  
2. Committee Name committee to elect Tom Harek

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report <u>all</u> contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9/11/12</u></p> <p>Name: <u>Charles Brunner</u></p> <p>Address: <u>208 E. Murphy</u> <u>Ray City, MI 48708</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation <u>State Representative</u> Employer <u>State of Michigan</u></p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		100 <sup>00</sup>	
<p>3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____</p> <p>Name: _____</p> <p>Address: _____</p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>			
<p>3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____</p> <p>Name: _____</p> <p>Address: _____</p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>			
<p>3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____</p> <p>Name: _____</p> <p>Address: _____</p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>			
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		100 <sup>00</sup>	

Enter this total on  
line 3 of Summary  
Page.



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[www.Michigan.gov/sos](http://www.Michigan.gov/sos)

LATE CONTRIBUTION REPORT

1. Your Committee ID#: 150642
2. Your Committee Name: committee to elect Tom Harek
3. Date Late Contribution(s) Received: 10/26/12 (Only one Date per Sheet)

- Late Contribution Reports are required when a
  - Candidate committee receives a single contribution or a cumulative contribution from the same contributor of \$500.00 or more after the closing date of the last campaign statement required and the 3<sup>rd</sup> day before an election where the candidate is participating. See Appendix G of the Campaign Finance Manual.
  - A committee other than a candidate committee (PAC, Ballot Question or Political Party) receives a single contribution or a cumulative contribution from the same contributor of \$2,500.00 or more after the closing date of the last campaign statement required and the 3<sup>rd</sup> day before an election. See Appendix G of the Campaign Finance Manual.
- Contributions are anything of monetary value including contributions of money, in-kind and loans to the committee.
- Late Contribution Reports are not waived by the Reporting Waiver.
- Late Contribution Reports that are filed late result in the committee receiving a late filing fee. The maximum fee is \$2,000.00 per report.
- Paper filers may file the report by any written means (including fax) within 48 hour of receipt of the contribution with your Filing Official.
- Electronic Filers on the state level must file all Late Contribution Report electronically.
- The Late Contribution must also be reported on the next Campaign Statement owed by the committee.

4. Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial and if the contributor is an individual, the Occupation, Employer and Business address of the contributor.

5. Amount

Contributor Name and Address: International Brotherhood of Electrical Workers  
Local 692  
1300 W. Thomas Bay City, MI 48708

(If Individual, also provide:)  
Occupation Electricians Employer / Business Address 1300 W. Thomas Bay City, MI 48708

500<sup>00</sup>

Contributor Name and Address: Majority Fund - Holly Kukla (treasurer)  
237 W. Hampton Rd  
Essexville, MI 48732

(If Individual, also provide:)  
Occupation \_\_\_\_\_ Employer / Business Address 237 W Hampton Rd  
Essexville, MI 48732

500<sup>00</sup>

Contributor Name and Address:

(If Individual, also provide:)  
Occupation \_\_\_\_\_ Employer / Business Address \_\_\_\_\_

Contributor Name and Address:

(If Individual, also provide:)  
Occupation \_\_\_\_\_ Employer / Business Address \_\_\_\_\_

FILED  
OCT 31 3 34 PM '12  
10TH JUDICIAL  
CIRCUIT CLERK